



## State of Utah

Division of Facilities Construction and Management  
4110 State Office Building Salt Lake City, Utah 84114  
Phone: 801-538-3018 Fax: 801-538-3267

Report No. \_\_\_\_\_

### Inspection Report

Project Name \_\_\_\_\_  
Project No. \_\_\_\_\_  
Architect \_\_\_\_\_  
Project Manager \_\_\_\_\_  
Contractor \_\_\_\_\_  
Inspector \_\_\_\_\_

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Day \_\_\_\_\_  
Weather \_\_\_\_\_  
Temp \_\_\_\_\_  
Wind \_\_\_\_\_  
Inspection duration \_\_\_\_\_

INSPECTOR ACCOMPANIED BY: \_\_\_\_\_

AREA INSPECTED: \_\_\_\_\_

TYPE OF INSPECTION: \_\_\_\_\_

RECOMMENDED:

_____	Ok to cover	_____	Proceed after completing items below
_____	Do not cover	_____	Re-Inspection Required
_____	Partial Approval of	_____	
_____	Other action	_____	

COMMENTS: